

846187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

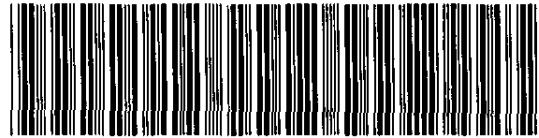
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUFFICIENCY OF FILINGS

2014 AUG 29 PM 1:45

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 AUG 29 AM 9:27

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DIVISION OF CORPORATIONS

C. LEWIS

SEP 2 2014

EXAMINER



CORPORATION SERVICE COMPANY

file first

ACCOUNT NO. : I20000000195

REFERENCE : 250276 7842511

AUTHORIZATION

Spencer

COST LIMIT : \$ 35.00

ORDER DATE : August 8, 2014

ORDER TIME : 11:25 AM

ORDER NO. : 250276-070

CUSTOMER NO: 7842511

FOREIGN FILINGS

NAME: CLAIMS SERVICES GROUP, INC.

- CORPORATE
- LIMITED PARTNERSHIP
- LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 AUG 29 AM 9: 27

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Claims Services Group, Inc.

(Name of Corporation)

846187

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

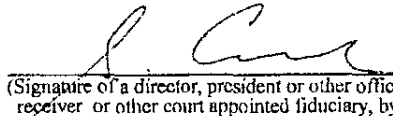
15030 Avenue of Science, Suite 100

(Mailing Address)

San Diego, CA 92128

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Scott Cockrell

(Typed or printed name of person signing)

7/1/14

(Date)

Vice President - Tax

(Title of person signing)

FILING FEE \$35